



ATTENDEE
REGISTRATION
OPEN

MIH / CP CONFERENCE

MARCH 15-17, 2023
in CHARLOTTE, NC



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2023 Mobile Integrated Health & Community Paramedicine Clinical & Leadership Summit

Wednesday, March 15, 2023

Time	Item	Presenter
8:00 am-12:00 pm	CP-C Boot Camp Pre-Conference	Symphony 2
9:00 am-12:00 pm	CP-C Testing - People not in CP-C Boot Camp	Governors 5
1:00 pm-4:00 pm	CP-C Testing - People in CP-C Boot Camp	Governors 3
8:00 am-12:00 pm	Grant Writing Pre-Conference Session 1	Symphony 3
1:00 pm-3:00 pm	Session 2	
8:00am – 12:00pm	AHA Bundle Pre- Conference	Symphony 7
2:00 pm-6:00 pm	Preparing for MIH Accreditation Pre-Conference by CAMTS	Symphony 5
4:00 pm	NC CP/MIH Coalition Meeting	Governors 5
7:30 pm-9:30 pm	Networking Reception	CJ's

2023 Mobile Integrated Health & Community Paramedicine Clinical & Leadership Summit

Thursday, March 16, 2023

Time	Item	Presenter	
7:45 am	Registration		
8:15 am-8:45 am	Opening Ceremony	Dr. Victoria Reinhartz, NAMIHP Dr. Jenn Sullivan, Atrium Health	Symphony 4
9:00 am	Clinical Session		
	Empathy in Community Paramedicine	Kara Clarke Ann Coffey	Symphony 7
	Meeting People Where They're At	Justin Pritchard	Symphony 2
	Leadership Session		
	Mental Health Assessment Program...	James McLaughlin	Symphony 1
	Zero to First Patient: A Facilitated Discussion	Justin Duncan Doris Boeckman	Symphony 5
	Driving Success Through Diversity: MIH Is Not Just For CP's	Scott Willits	Symphony 3
10:00 am	Break/Vendor		
10:15 am	Clinical Session		
	Your Job Description Changed, Now What	Mike Campbell	Symphony 1
	Integration of Telemedicine and CP in 911 Response	Sarah Rivenbark	Symphony 5
	Driving Change With SDOH... Anyone Working With CP's	Robyn McArdle	Symphony 3

Leadership Session

	Wayfound Health	Symphony 2
Before Operational Stress		
	Thomas Derkowski	Symphony 7
Talking The Talk...		

11:15 p.m. Break/Vendor**1130 am Clinical Session**

911 to Community Paramedic	Mindy Gabriel	Symphony 7
The Mission In The Mission	Alicia Dinkeldein	Symphony 2
Leadership Session		
MIH- Show Me The Money	Kim Sutton Stacey Dennis	Symphony 1
Hospital At Home... Delivering Care Where Patients Most Want to Be... Home	Colleen Hole	Symphony 5
ETS (EMS Utilizing Telehealth in Skilled Nursing Homes)	Aaron Dix Luke Estes	Symphony 3

12:30 pm- Lunch/Vendor/Lunch and Learn Panel**MIH Expert Panel Discussion**

Stephanie Murphy, DO- Atrium Health
Doug Clarke, MD - Medically Home
Tuyet-Trinh Truong ,MD.-Mt Sinai Hospital @Home
Stephen Tyler Constantine, MD- Atrium Health
Kara Clarke, CP - Cabarrus County, NC
John Farris, NRP, CP-C - Eagle County, CO

2:00 pm-	Clinical Session		
	Mental Health and Compassion Fatigue: When are you a provider and when are you a patient?	David Glendenning	Symphony 1
	Enhancing Access To Hepatitis C Virus Treatment	Wesley Wamper	Symphony 5
	Primary Care Services From An MIH Program	Whitney Benegoni Gary Taylor	Symphony 3
	Management Session		
	MIH Navigation: Make It Make Sense	North State Medical	Symphony 2
	Introduction To IPEC Core Competencies	Melodie Kolmetz	Symphony 7

3:00 pm	Break/Vendor		
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3:30 pm	Clinical Session		
	Partners in Crime... And In Health	Shane Hardwick	Symphony 2
	Management Session		
	Out With The New, In With The Old- From 911 To Community Paramedic	Helen Tripp Drake Rebar	Symphony 7
	Scaling a CP Program	Mount Sinai Team	Symphony 1
	Integrating MIH Into Daily Operations	Hanan Cohen	Symphony 5
	Is Your Leadership Style Effective	Jeremy McKinney	Symphony 3



2023 Mobile Integrated Health & Community Paramedicine Clinical & Leadership Summit

Friday, March 17, 2023

Time	Item	Presenter	
7:45 am	Registration		
8:15 am- 8:45 am	Opening	Lawrence Morrisey	Symphony 4
9:00 a.m.	Clinical Session		
	The Timed Get Up an' Go Test	Melodie Kolmetz	Symphony 1
	911 to Community Paramedic	Anson Hawkins Charles Gosnell	Symphony 2
	Management Session		
	Partnerships For Good & Healthy: CP/MIH Principles Applied To Special Populations	Jonathon Feit	Symphony 7
	MIH- A Public And Private Partnership With An Interagency Approach	Anne Arundel Team	Symphony 3
	Collaborative Informed Decision Making	Chris Kelly	Symphony 5
10:00 am	Break/Vendor		
10:15 am	Clinical Session		
	Collaborative Development Of Strong Discharge Planning For Incarcerated Populations	Dana Cardenas	Symphony 7
	Management Session		
	EMS Board Certification: Is It Necessary, Or Just A Means To Lengthen Your Signature Line?	Aaron Dix	Symphony 1
	Quality Assurance & Performance Improvement Within An MIH Program	Tiffany Pleasant	Symphony 2



	As It Should Be Standards Within An MIH Team	Dixon Marlow	Symphony 5
	Williamson County: Partnering With Public Health	Amy Jarosek	Symphony 3
11:15 am	Break/Vendor		
11:30 am	Clinical Session		
	Everything Paramedic School Didn't Teach You About Pediatrics But MIH Practitioners Are Expected To Know	Adrienne Hill	Symphony 1
	Proactively Managing Advanced Illness Using Risk Stratification	Philip Fennema	Symphony 2
	Management Session		
	Role Of CP In Helping Patients With Opiate Use Disorder	Stephen Tyler Constantine	Symphony 7
	Navigating Regulatory Roadblocks- The Journey To Launch MIH	Karen Host	Symphony 3
12:30 pm	Lunch/Vendor/Networking		
2:00 pm	Clinical Session		
	The Colorado CP Experiment	Eagle County Ambulance	Symphony 7
	Hospitalist At Home	Christopher Warr	Symphony 1
	Management Session		
	From Scratch....	Andrew Ross	Symphony 2
	MIH Quality and Patient Safety	Dr. Erik Blutinger	Symphony 5
3:00 pm	Break		



3:15 pm

Management Session

Developing Sustainable Community Paramedicine
Program for Community

James Augustine

Symphony 7

It's Not Them, It's You

Jason Fuller

Symphony 2



Atrium Health

Empathy in Community Paramedicine

Kara Clarke, *Community Paramedic Supervisor*
Cabarrus County EMS

Ann Coffey - *Community Paramedic*
Cabarrus County EMS

Empathy using life experiences to connect with others. Communication between supervisor and field employee to best utilize 3rd party resources. Patients are people no matter what their diagnosis.

Meeting People where They're At

Justin Pritchard

Bachelor of Science in Emergency Medical Care, Nationally Registered Paramedic, North Carolina Paramedic and Level I Paramedic Instructor, currently studying Master's in Public Health through the Gillings School of Global Public Health, University of North Carolina - Chapel Hill
Buncombe County Emergency Medical Services - Community Paramedic Program

This presentation is to educate the audience regarding the successful results of Buncombe County EMS's Community Paramedic Model. This is accomplished via discussion of the current post-overdose model used by BCEMS, as well as the current observations and feedback received from the above-expectations Buprenorphine program that BCEMS CPs began utilizing in March 2022. We will discuss the following four objectives:

1. Discussion on overall achievements of program model including trends and data that has been collected locally or researched.
2. Explanation and description of inter-workings of program model (what has worked, what hasn't)
3. Discussion regarding field utilization of Buprenorphine and why it should be considered a gold standard in the treatment of substance use disorder.
4. The future of the program and roadmap for the future including recognized deficits and how we intend to fill the gaps.

Mental Health Assessment Program

James McLaughlin

BS, NRP, CP-P, Community Paramedic Director

This presentation will teach you how to apply the newly developed knowledge, skills, and ability to tackle a few real-life case studies. Topics to review include:

- The impact of behavioral health and substance use disorder crisis on communities
- Provides a strong appreciation for community collaboration
- Demonstrates interactive examples of using telebehavioral health to provide crisis services in communities where co-responder crisis response teams are not an option.
- See how EMS provider's scope of practice can be leveraged to take on new roles.

The presentation looks at how Point of Care Testing (POCT) can reduce the number of unnecessary transports to the Emergency Department (ED).

Zero to First Patient: A Facilitated Discussion

Justin Duncan

BS, NRP, CCEMT-P, FP-C | Chief Executive Officer

Washington County Ambulance District /Washington County MIH Network

Driving Success Through Diversity: MIH Is Not Just For CPs

Scott Willits

NRP

Medically Home

Developing a team and designing a program requires diversity, in experience, expertise, and licensure. While community paramedics are the core of an MIH department, they are not the only option or path to success.

Through an exploration of active and closed MIH programs, we will walk through various healthcare clinician practices and licenses to support your MIH programs and patients. Including:

- Case studies of state legislation that may be helpful and or a hurdle when designing or implementing a program.
- Review the need of multidisciplinary integration design to improve clinical outcomes, patient experience, and system resource relief
- Explore potential healthcare clinician licenses and how they can integrate into MIH (Ex. CNA, LPN, MA, carpenter, etc.)
- Consider the impact on healthy system resource utilization by diversifying MIH programs through a diversified staff

Your Job Description Changed, Now What?

Mike Campbell

EMT-P, Community Paramedic EMS Deputy Chief, Stanly County EMS

Stanly County EMS

Many times, people elect to apply for roles which they are not fully prepared for because of personal reasons (myself included): "They want off of a truck", "They're body hurts too much," "I've been in EMS for 20 years, I deserve it."

This presentation will involve discussion about the stresses of moving to a different position in an EMS Agency. Topics will include:

- Preparing before you prepare
- Expect the unexpected
- Stress Management
- How to ask for help
- How to take pride in a job you don't 100% know
- Taking Initiative Combating Stigma/Negativity

In order to provide the best care possible, an individual must be in it for the right reasons.

Integration of Telemedicine and Community Paramedicine in 911 Response

Sarah Rivenbark

Manager Mobile Integrated Health/ Community Paramedicine: BSOL, ASEMS, Paramedic, CP
Novant Health Hanover Regional Medical Center

The healthcare system has been presented with a variety of challenges including the COVID pandemic, staffing shortages, decreased hospital bed capacity, excessive emergency department patient volumes and increased EMS unit wall times. These challenges compelled us to look for alternative pathways to care. This presentation will discuss our experiences using telemedicine and community paramedicine to navigate alternative pathways to care while highlighting limitations, successes, patient outcome data, and future goals.

Driving Change with SDOH

Robyn McArdle

DrPH, Paramedic + Gretchen Ramirez, MBA, EMT
NC Office of Rural Health

This presentation will focus on how CP can dig into the root causes of SDOH and really make a big change in health outcomes for individual and communities.

Objectives:

1. The learner will understand the role SDOH plays in the health outcomes of an individual.
2. The learner will be able to identify the correlation between SDOH and chronic disease management.
3. The learner will see how CP can bridge the gap between SDOH and improved health outcomes including the use of telehealth.
4. The learner will understand why CP is a unique healthcare provider that is integral to rural healthcare outcomes.

Before Operational Stress

Dr. Megan McElheran, Registered Psychologist, Chief Clinician, CEO

Troy Miller, ACP, BAppBus:ES, BOS Lead and Clinical Liaison

Wayfound Mental Health Group

A review of the *Before Operational Stress program*, a resiliency-based course that empowers public safety personnel to take charge of their mental health. The program combines theoretical and experiential learning procedures to mitigate the effects of operational stress.

- High level overview of *Before Operational Stress program*, focusing on:
 - o Development of Operational Stress within the context of the Community Paramedicine world, highlighting compassion fatigue and moral injury
 - o Physiological impacts of MIH work
 - o Take-aways – those things that are “actionable” – emotional awareness, the role of avoidance, functional disconnection/reconnection – balancing the paradox of empathy.



Talking The Talk...

Thomas Derkowski

M.H.A., B.Sc., EMT-P, EMS I/C, A.C.H.E., Executive Director - Population Health/Mobile Integrated Health

Henry Ford Health

This presentation focuses on the "buzz words" that will get partners to listen to how your program can support their Value Based Care programs. We will discuss the conversations that health systems, payers and physician organizations want to have, what they are focusing on and how your program potentially fits into their model of patient care.

911 To Community Paramedic

Mindy Gabriel

BS, FF/P

HealthCall

This section will cover 4 objectives:

- Value of motivational interviewing to switching from 911medic to CP medic
- Patient goal setting
- Building tactics
- How to gather the team around the patient

The Mission in The Mission:

Alicia Dinkeldein

Community Paramedicine Outreach, BSCJ, EMT-B, CHW

Indianapolis EMS

This presentation will show that once I began as a Medical Cade Manager/EMT at our state's largest homeless shelter, the number of 911 call decreased significantly. This work has also decreased the number of runs for the Fire Department, Police Department, and number of homeless individuals going to the ED.

MIH - Show Me the Money

Stacey Dennis, *Stacey Dennis Client Success Manager, CAC QMC*

QuickMed Claims

Kim Sutton, *BSN, CMTE, Client Success Manager QMC*

QuickMed Claims

The focus of this session is to show and explain:

1. How a claim is billed/billing cycle
2. Medical necessity for billing MIH
3. Scenarios/Examples for MIH billing
4. Reimbursement
5. Compliance guidelines on MIH and future impact on the EMS industry

Hospital At Home...Delivering Care Where Patients Most Want To Be...At Home

Colleen Hole

Vice President- Clinical Integration, Chief Nurse Executive-Atrium Health Medical Group
Atrium Health

Program Overview: System Integration

Outcomes: Looking to the Future

OBJECTIVES:

1. Understand Key Components of the Hospital at Home Model
2. Identify the key roles, including MIH, within the care team
3. Define the future state of Hospital at Home in the healthcare delivery system

ETS (EMS Utilizing Telehealth in Skilled Nursing Homes)

Aaron Dix

Executive Director EMS and Patient Flow NRP, MBA

Luke Estes

Manager, Mobile Integrated health NRP, CCEMT-P. FP-C

PRISMA Health Ambulance Services

This focus of this session learning the following objectives:

- Evaluate the current process for the assessment and treatment of Skilled Nursing Home (SNF) patients.
- Recognize the value in allowing skilled nursing home patients to be treated in place by paramedics.
- List the acceptable skills, medications, procedures, paramedics can provide in the skilled nursing home.
- Discuss the EMS Utilizing Telehealth SNFs (ETS) protocol and the program's current metrics.

Mental Health and Compassion Fatigue: When are you a provider and when are you a patient?

David Glendenning

Education Captain/Coordinator, Paramedic

Novant Health

David will take you down the combined roads of some of the most common mental health diagnoses and compassion fatigue as seen through ours and our patient's eyes. He will show you both the humorous and serious sides of the history of how we have handled the care for behavioral needs. As well as present more current and acceptable options that are out there now for all service-lines within EMS.

Enhancing Access to Hepatitis C Virus Treatment

Wesley Wampler

Community Paramedic, BS, NRP

Prisma Health

This presentation will discuss the CP HCV iLink program, a novel telemedicine collaboration between community paramedics (CPs) and infectious disease physicians that connects hard-to-reach patients to HCV treatment.

This presentation has 4 objectives:

1. Discuss the creation and implementation of the CP HCV iLink program
2. Report the results of the first year of this pilot study
3. Discuss the lessons learned about the program from the first year
4. Discuss patient satisfaction with the program after 1 year.

Olathe Fire Department Mobile Integrated Healthcare

Whitney Venegoni, *APRN, FNP-BC, MS Nursing and Nutrition*

Gary Taylor, *Paramedic, AD Fire Science, Emergency Medical Services*

Olathe Fire Department Mobile Integrated Healthcare

In this session we will discuss the following outline and will go more in-depth into what each point entails.

I. Introduction to our program and partnerships

II. Identifying high utilizers and patients without primary care services

III. Primary care services from MIH

IV. Finding primary care resources to add to your program

V. Billing options for primary care services

Objectives:

1. Understand the scope of primary care services MIH programs can offer
2. Identify ways that EMS and ED can be avoided by offering primary care services
3. Analyze the resources available in your area to support primary care services
4. Evaluate the sustainability of primary care services in your area

Navigating MIH/CP Implementation - "Make it Make Sense"

Carlie Dodson, MBA (Chief Operations Officer)

Ashley Nelson, MPH (Operations Coordinator)

Stone White, MHA (Ambulance Operations Director)

North State Medical Transport

- I. Determining the Needs of Your Community and Healthcare System
- II. Healthcare Partnerships: Make It Work For All
- III. Implementation Stages
- IV. Keeping Consistent... While Driving Innovation
 - V. Vehicle and Asset Specs
 - VI. Q & A

Objectives:

1. Strategies on how to create a strong foundation between agency and healthcare partner for long-term success of MIH Operations
2. Will cover critical elements on primary implementation, from the agency's standpoint

Introduction to IPEC Core Competencies

Melodie Kolmetz

MPAS, PA-C, EMT-P, CP-C

Town of Livonia Ambulance District #1

This presentation introduces the IPEC Core Competencies to EMS Educators and Practitioners. At the conclusion of this presentation, participants will be able to:

1. Discuss a learning continuum in interprofessional competency development across the professions and the lifelong learning trajectory.
2. Prepare individuals of other professions to maintain a climate of mutual respect and shared values.
3. Use the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations.
4. Communicate with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease.

Partners In Crime ...And In Health

Shane Hardwick

Community Paramedic

Indianapolis Emergency Medical Services

This presentation takes a closer look at the social determinants of health and applies it to other issues that plague lower income communities. It will uncover the fact that these determinants influence much more than we realize.

- How one was raised
- Who their influencers are
- Access to safe housing (just to name a few)

By identifying and correcting the unmet healthcare needs of our neighbors, we can directly impact other systemic issues such as crime.



PANEL: 911 TO MIH

(Part 1) From 911 to Community Paramedic

Capt. Helen Tripp

MIH Program Manager, M.A., LCMHCA, Paramedic, CP-C/

Durham County Emergency Services, EMS Division

The objectives of this discussion are to:

1. Review the common stressors for 911 paramedics
2. Discuss the different stressors faced by Community Paramedics
3. Recognize characteristics of stress for Community Paramedics
4. Identify tools for managing Community Paramedic stress

(Part 2) Out With The New, In With The Old

Drake Rebar

MIH Community Paramedic ED Clinical Paramedic, CP-C, NR-P, NC-P, SC-P, USGIV instructor

Atrium Health Mobile Integrated Health

- I. Introduction.
- II. Identify the team members and stakeholders and state their strengths and weaknesses
- III. Identify the advantages of home care vs brick and mortar care (Why is it so good)
- IV. Identify the disadvantages of home care vs brick and mortar care (Why it may not be the best sometimes)
- V. Provide future vision for what home care might look like
- VI. Summation and Conclusion

MIH Quality & Patient Safety

Erik J. Blutinger

MD, MSc, FACE/Medical Director of Community Paramedicine/Assistant Professor of Emergency Medicine

Mount Sinai Health System

This presentation will aim to answer a few key questions including: What metrics should be used? What framework can be used for performing case reviews and measuring quality outcomes. It will provide a basic framework for using clinical data - using the Mount Sinai Community Paramedicine program as an example for crafting a strategy that improves patient-centered quality and safety focusing on 4 objectives:

1. Highlight key metrics for evaluating patient-related outcomes
2. Identify strategies for performing high-quality reviews of CP cases
3. Spotlight performance metrics for physicians participating in CP
4. Summarize next steps for creatively advancing the quality and safety of CP from a clinical perspective.

Integrating MIH Into Daily Operations

Hanan Cohen

EMT-P, CP, CACO

Empress EMS/PatientCare EMS

This session will focus on obtaining a greater understanding of:

1. Moving towards a mobile healthcare practice in EMS operations response.
2. Increasing patient safety Enhance patient experience
3. Reducing implicit bias
4. Gaining early understanding of SDOH and whole health of patients

Is Your Leadership Style Effective

Jeremy McKinney

DM, BA, PMD

AmeriMed

The purpose of this presentation is to help you understand that different leadership styles are more effective in certain situations, and that working to diversify your repertoire of styles will help you lead better. You will also be able to list several types of leadership styles as well as the advantages and disadvantages of each style.

In this session we will focus on:

1. Defining Leadership Style – You will be able to define leadership style as a method used to influence a group of people toward a goal.
2. Our Tendency Toward a Certain Style – You will understand how our personality traits cause us to gravitate toward a certain leadership style.
3. Effectiveness Exercise - Attendees will participate in an exercise designed to help them think through a scenario to determine which style might be most effective.
4. Style Diversity - Attendees will understand how expanding their ability to operate within different leadership styles will help them be more effective leaders.

The Timed Get Up an' Go Test

Melodie Kolmetz

MPAS, PA-C, EMT-P, CP-C

Town of Livonia Ambulance District #1

Lift assist and falls are types of calls frequently encountered by EMS. The timed get up and go test is an objective measure of safety/risk of future falls which can be utilized by EMS practitioners to reduce return visits and assess the need for support services for patients' activities of daily living. At the conclusion of this session, participants will be able to:

1. Define the components of the get up and walk test.
2. Select appropriate patients for the get up and walk test.
3. Appraise the value of the get up and walk test in their own EMS system.
4. Apply the get up and walk test to patient scenarios.

PANEL 3: 911 to Community Paramedic

Anson Hawkins, CP, NRP

Charles "Scott" Gosnell, NRP, CP

PRISMA Health Ambulance Service

In this session we will guide you through the process of transitioning from a 911 paramedic to CP.

We will discuss:

- ID pitfalls
- ID processes
- Social determinates

Partnerships For Good & Healthy: CP/MIH Principals Applied to Special Populations

Jonathon S. Feit

MBA, MA -- Co-Founder & Chief Executive, Beyond Lucid Technologies, Inc; Managing Consulting,

The BrainTrust of Fire & EMS Technologists

-Beyond Lucid Technologies

We will survey how organizations are newly coming together, driven by unexpected partnerships with community organizations ranging from school nurses and disability advocacy groups to advance the Community Paramedicine concept in a manner that is economically compelling and avoids the workforce politics that have stymied legacy programs. The focus will be to:

1. Describe CP-MIH type programs being undertaken in multiple jurisdictions, but that fall outside of "traditional" definitions of Mobile Integrated Health.
2. Identify the range of payer groups and incentivized stakeholders that are supporting such programs -- and why they are willing to do so.
3. List metrics to quantify the impact of CP/MIH-"adjacent" programs to the range of stakeholders, including healthcare organizations, members of the media, and the public.
4. List organizations with a vested interest in MIH-"adjacent" programs and the political, philosophical, clinical, and economic incentives for doing so (i.e., "make the pitch for their support").

MIH- A Public and Private Partnership with an Interagency Approach

Anne Arundel Team

Lt Jeffrey Pecor, NRP FF/PM

Rebecca Lindenberger, RN

Courtney Zilonis, LCSW- C FF/PM

I.Introduction

II.Program Development/ Description

III.Funding

IV.Patient Coordination/ Team Approach

V.Success

Objectives:

1. Introduction to the Anne Arundel County Way
2. Interdisciplinary team and coordination of work between agencies.
3. Exploring funding opportunities for MIH programs.
4. Showing success through data collection



Collaborative Informed Decision Making

Chris Kelly

Attorney

Page, Wolfberg & Wirth EMS Law

MIH programs, ET3, and the expansion of telehealth offer more options to patients, but they also make documenting the process of patient consent more difficult. In the session, attendees will learn about:

1. Patient rights to accept or refuse care
2. Communicating options to patients
3. Documenting interactions with and recommendations from telehealth providers
4. Documenting valid informed consent from the patient in every aspect of their decision-making

Collaborative Development of Strong Discharge Planning for Incarcerated Populations

Dana Cardenas, RN- Vice President of Reentry and Reintegration

VitalCore Healthcare Strategies

In this session we will be discussing Community Collaboratives for providing Gaps in Healthcare. We will focus on the following four objectives:

1. Providing comprehensive intake assessments upon entry
2. Intensive Case Management and Care Coordination
3. Comprehensive Behavioral Health Coordination of Care
4. Implementation of Social Determinants of Health to address Health Inequities

EMS Board Certification: Is It Necessary, Or Just A Means To Lengthen Your Signature Line?

Aaron Dix

Executive Director EMS and Patient Flow NRP, MBA

Prisma Health

In this session we will discuss how to:

1. Evaluate the current process for accrediting paramedics into specialty roles
2. Recognize the value of EMS board certification
3. Discuss the implementation of a policy requiring board certification in individual EMS systems
4. Identify potential pitfalls to requiring EMS board certification

Quality Assurance & Performance Improvement within an MIH Program

Tiffany Pleasant

MD, EMS Physician

An interactive QA & QI within MIH Program Session

Open dialogue: Ideas for creation of outcome and balancing measures with PDSA cycles, including financial. Overcoming challenges with implementation and achieving sustainability;

Objectives:

1. To define quality Improvement and quality assurance concepts
2. To improve participant ability to apply concepts to their MIH systems
3. To describe common pitfalls that frequently result in poor performance
4. To encourage discussion regarding challenges in sustainability and dialogue for creative solutions

As It Should Be: What Should Never Be Missing In An MIH Team

Dixon Marlow, MBA

Amerimed

Williamson County: partnering with Public Health

Amy S. Jarosek

LP CHW

Williamson County EMS Community Paramedicine

While most community paramedicine and mobile integrated healthcare programs associate themselves with a 911 service or emergency provider, we have discovered that our services in Williamson County are much more in line with Public Health. In this session we will:

1. Describe the parallels between community paramedicine and public health
2. Describe the importance of partnering with agencies for a shared population
3. Describe the importance of utilizing the community needs assessment
4. Describe the importance of addressing social determinants of health

Everything Paramedic School Didn't Teach You About Pediatrics But MIH Practitioners Are Expected

To Know

Adrienne Hill

Paramedic Ground Operations Supervisor MCA - NREMT CCEMTP NRP

Atrium Health

In this session we will discuss specific concerns impacting pediatric patient population. Frequency of medical intervention, Financial Stability, Family support or involvement, educational or historical awareness of primary care giver as well as Religious or cultural factors

Proactively Managing Advanced Illness Using Risk Stratification

Philip Fennema

Director of Operations

TANDEM365

In this session I will speak to our experience with the development, implementation, and success with proactive case management of a population with advanced illness using risk stratification.

Objectives:

- To understand how patient behaviors and markers can indicate exacerbation of advanced illness.
- To be able to identify the difference between reactive and proactive healthcare.
- Understand methodology to measure probability of an adverse event based on data metrics.
- To be able to compare and contrast some positive and negative real-life scenarios that provide examples of proactive care and reactive care.

Role of CP in Helping Patients With Opiate Use Disorder

Stephen Tyler Constantine, MD

Co-Medical Director at Atrium Health Community Paramedicine

In this session:

- Review available data on the subject
- Provide a case example intro
- Explain the ways in which MIH/CP can help patients with OUD
- Close out the case example with management and outcome
- Establishing a program, funding sources, and possible barriers
- Q and A

Navigating Regulatory Roadblocks - The Journey to Launch MIH

Karen Host

SR Clinical Director/MIH Program Director BS, EMTP
Cataldo Ambulance Service

A discussion about our journey to launch our MIH program in a state with no MIH regulations - the hurdles, set-backs, and successes then, now, and as we continue to expand.

Objectives to include:

1. Researching your state regs
2. Working to add/amend/change regs
3. Educating the "masses"
4. Planning growth and expansion

The Colorado CP Experiment: Measuring the value and impact of local integrated care

Eagle County Ambulance

Alice Harvey, MSN BSN RN and John Farris, NRP, CP-C
Eagle County Paramedics

- Identify measurable patient outcomes for community based mobile integrated healthcare initiatives.
- Evaluate the impact of community paramedic interventions on specific patient populations, and apply this to community-wide population health goals.
- Outline collective CP/MIH contributions to the broader healthcare system that can drive reform by increasing access to quality care and decreasing overall system costs.
- Outline PATIENT-BASED key performance indicators for CP programs that align with those of local healthcare organizations.

Hospitalist @ Home

Christopher Warr

Critical Care Educator, BS NRP FP-c CP-c
Wake Forest Baptist AirCare

In this presentation you will get a historical review of our Hospitalist@Home program from the sparks of interest to steady growth and sustainability. Integrating partners with different experiences, administrators, physicians, case managers, and paramedics. Hospital departments from the pharmacy, laboratories, documentation and IT systems, and the regulatory environment.

This session will focus on four objectives:

1. Identification and definition of the "problem."
2. Knowing that value and revenue are not the same things.
3. Improving patient experience while managing acute and chronic disease.
4. "A crisis is a terrible thing to waste", how CoVid helped drive change.

From Scratch....

Andrew R Ross

MHA, NRP, CP-C

Central Piedmont Community College

The lecture will detail:

- How to build a MIH Education Program by utilizing readily available data and tools.
- Determine stakeholders.
- Determine what type of program is needed based on stakeholder input.
- Identify both cognitive and psychomotor goals Determine appropriate course outcome (certified vs non-certified)

Scaling A CP Program

Erik Blutinger

MD, MSc (Medical Director)

Ari Breslauer

MPH, CCEMT-P (Program Director)

Rana Mojtahedi

MPA (Sr. Manager of Transformation)

Tim Ng

MHA (Program Coordinator)

Mount Sinai Team

Outline: Create an MIH Vehicle Design: what a program needs / doesn't need, how to use existing resources, and create new protocols for ensuring safe patient care. In doing so, a framework will be created to help guide future programs for scalability purposes.

1. To gain an understanding of revenue cycle management for a CP program
2. Provide concrete examples (and data) pertaining to program challenges while growing in size
3. Learn how to leverage data and use it to perform in depth quality control/management and to expand program outreach
4. Tips on how to identify appropriate partners for growth and expansion purposes – Build vs buy

Developing Sustainable Community Paramedicine Program for Community

James Augustine

MD, FACEP

USACS

This presentation will provide a high-level overview of the changing American Health Care System post-pandemic. We will also look at the intersection points that have been sustainable.

Objectives:

1. Outline changing nature of the American Health Care System Define unscheduled care and
2. The function of EMS Describe the state of regional programs for addressing community unscheduled care needs in the US Outline state of funding for sustainable programs

It's Not Them, It's You

Jason Fuller

Senior Project Specialist, MPA, NRP, Paramedic

Public Consulting Group, LLC

This presentation will focus on some of the best practice measures of presenting new policies and programs to potential stakeholders. Some of the key ideas we will be discussing in this presentation will be policy alternatives, comparable peers, data, and program evaluation.

It is imperative, in order to receive the funding and/or attention that MIH requires, that leaders are able to present all of the alternatives to their stakeholders in a measured and impactful manner.

Utilizing the strengths and weaknesses of programs instituted by your peers is equally important.

Show those who you are presenting to that your programs are possible, and why yours will be better. Lastly, and most importantly, I will cover the importance of using data to increase the strength of your decisions, not drive them.

The four primary learning objectives are as follows:

1. Understand the policy alternative approach to problem solving and how to measure various policies (including the status quo) against each other.
2. Recognize the strength of peer reviews/comparisons
3. Differentiate between data driven and data backed decision making
4. Compose an appropriate program evaluation mechanism.